or poor-tolerated AFL Clinical history, other arrhythmias as atrial fibrillation (AF), data of echocardiography were collected. The patients were followed from 3 months up to 10 years.

Results: Women tended to be older than men (65.5±12 vs 64±11.5 years) (p< 0.08). Underlying HD was as frequent in women as in men (76%). HD nature differed: women had more congenital HD (10 vs 2%, p<0.0001), more valvular HD (17.5 vs 10% p<0.002) and less respiratory failure (4.5 vs 10%) (p<0.01), less ischemic HD (5 vs 20%)(p<0.0000) than men. Hypertensive HD, dilated cardiomyopathy or various HD's did not differ. Previous history of AF was more frequent in women (31.5%) than in men (26%) (p<0.012). AFl-related rhythmic cardiomyopathy tended to be less frequent in women than in men (4 vs 8%) (p<0.07). Presentation with 1/1 AFl was as frequent in women as in men (10% vs 7%). AFl ablation-related major complications as complete AV block, death or cardiac shock were more frequent in women than in men (4 vs 1%)(p<0.004). After 3±3 years, AFl recurrences tended to be less frequent in women than in men (8.5 vs 13%)(p<0.06). AF occurrence was more frequent in women than in men (24 vs 14%)(p<0.0002). Among these patients 66% of women and men had no history of AF before AFl ablation. Their risk of AF remains higher in women than in men (16% vs 8%)(p<0.007).

Conclusions: There gender-related differences in the prevalence, clinical presentation, ablation-related complications and AF incidence. AFL is less common in women than in men, despite similar age and as frequent underlying HD. The risk of AFl ablation-related major complications is higher in women than in men. Women have more frequently history of AF and an independent higher risk than men of developing AF after ablation of atrial flutter.

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Impact of frailty and dependence on anticoagulant treatment prescription in older persons with atrial fibrillation

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Introduction: Studies have documented the underuse of oral anticoagulant therapy (OAC) as stroke prophylaxis in older persons with history of atrial fibrillation (AF). Failure to prescribe OAC is often due to the perception by physicians of bleeding because of specific older people clinical factors.

We performed a prospective observational study in the University Hospital of Reims, whose aim was to evaluate the management of thromboembolic risk in older patients in everyday-life hospital practice and impact of frailty and dependence objective parameters.

Method: 150 AF patients over 75 years were consecutively included over a period of four months. Clinical and biological data, risk scores for bleeding (HASBLED) and thrombo-embolic events (CHADS and CHADSVASc) were computed. Several scores and parameters of assessment of autonomy and risk of falling were independently recorded: MMS (Mini-Mental Status), ADL (Activities of Daily Living) and IADL (Instrumental ADL).

Results: Mean age was 83±13 years (75 men). At discharge, 52.2% of patients were under OAC. Mean CHADS, CHADSVASc and HASBLED score were respectively 2,6±0,1, 4,6±0,1 and 2,3±0,1; all patients had a CHA DS VASc score ≥2 and 86% a CHADS ≥2. The HASBLED score was associated with non-prescription of anticoagulation (p=0.001), while none of the thrombo-embolic scores was significantly associated with prescription. Specific studied parameters are in table.

	Anticoagulation N=74	No anticoagulation N=68	p
Age (years)	81.8±0.5	84.6±0.6	0.001
Creatinine (µmol/l)	106±7.3	127.3±6.3	0.03
Dependency (%)	27	54	0.001
Dementia (%)	4,1	14,7	0.04
High risk of falling (%)	0	20	0,001
MMS score	21.4±1.2	20.1±1.1	NS
ADL score	5.1±0.3	3.8±0.4	0.001
IADL score	2±0.2	2.4±0.4	NS

Conclusion: In our study of everyday practice, there is an underuse of anticoagulation in the elderly compared to guidelines, mainly because the perception of the hemorrhagic risk prevails over the thrombo-embolic risk. Specific geriatric parameters could help to choose the appropriate therapy.

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Oral anticoagulation therapy in older patients with atrial fibrillation: an evaluation of daily practice with regard to guidelines and scores in a cohort of 142 patients

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Introduction: Age is a major thrombo-embolic risk factor in atrial fibrillation (AF), but also a risk factor for bleeding under oral anticoagulation therapy (OAC). However, it appears that older patients are inadequately treated with OAC.

The objective of our study was to evaluate the use of OAC in elderly patients hospitalised in a cardiology department according to current guidelines.

Method: Over a 4-month period, 142 patients over 75 years old with history of AF were included. Clinical and biological data were recorded, and risk scores for bleeding (HASBLED) and thrombo-embolic events ($CHADS_2$ and CHA_2DS_2VASc) were independently assessed after discharge. The differences between bleeding and thrombo-embolic risk were calculated for each patient. Patients with OAC at discharge and patients without OAC were compared.

Results: Mean age was 83±13 years (75 men). Mean CHADS, CHADS-VASc and HASBLED scores were respectively 2,6±0,1, 4,6±0,1 and 2,3±0,1. According to CHADSVASc score and guidelines all of the patients were eligible for OAC. However 47.8% of patients were not under OAC. Those patients were older (84.6±0.6 vs. 81.8±0.5; p=0.001), predominantly female (66 vs. 35%; p=0.001) with a higher serum creatinine (127.3±7.3 vs. 106±6.3; p=0.03) and HASBLED score (2.7 vs. 2.16; p=0.001). OAC use was not associated with CHADS and CHADSVASc scores values.

	OAC	No OAC
T (CHADS) >B	49.2%	**39%***
T (CHADS) < B	2.3%$^{\mu}$	9.2%
T (CHADSVASC) >B	47%	**40%***
T (CHADSVASC) < B	3.8%$^{\mu}$	8.4%

T: Thrombo-embolic risk; B: bleeding risk (HASBLED) according to scores
**: undertreated patients according to scores*
$^{\mu}$: over-treated patients according to scores

Conclusion: Our study in daily pratice confirms that OAC in older patients with AF are underused and that the bleeding risk may be over-rated and/or thrombo-embolic risk under-estimated. However, specific risk factors in older patients may not be included in currently used scores.

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Patients over 75 years of age with and without atrial fibrillation: characteristics and differences in a hospital cohort of 357 patients

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Introduction: Characteristics of patients with atrial fibrillation (AF) are well known, however the patients included in published studies are usually younger than patients encountered in daily practice in hospital.

Method: We performed a prospective observational study which aimed to describe all patients over 75 years hospitalized in a cardiology department. For each patient we collected cause of hospitalisation, medical and cardiovascular history. We compared patients with and without previous history of AF ("AF group" versus "sinus group").

Results: Among 1050 patients admitted during an inclusion period of 4 months, 357 patients were older than 75 years: 150 in the "AF group" and 207 in the "sinus group". AF was paroxysmal, persistent and permanent respectively in 21%, 30%, and 48% of cases.

Table – Main data

	TOTAL N=357	AF group N=150 (42%)	Sinus group N=207(58%)	p
Age	82±13	83±13	81±11	0.03
Men	186	75 (50)	106 (51.2)	0.9
HTA	178 (50)	76 (50.7)	102 (49.5)	0.9
Diabetes	86 (24.1)	35 (23.3)	51 (24.7)	0.1
Dyslipemia	93 (26.1)	35 (23.3)	58 (28.2)	0.3
Ischemic heart disease	13 (38.8)	55 (36.7)	83 (40.3)	0.1
Respiratory failure	26 (7.28)	13 (8.6)	13 (6.28)	0.4
Valvular heart disease	38 (10.5)	20 (13.3)	18 (8.73)	0.04
Pulmonary embolism	20 (5.6)	13 (8.6)	7 (3.3)	0.02
AVC	39 (10.9)	23 (15.3)	16 (7.7)	0,01
Thyroid disease	32 (8.9)	18 (12)	14 (6.7)	0.03
Dementia	23 (6.5)	13 (8.7)	10 (4.9)	0.1
Alcoholism	11 (3)	10 (6.7)	1 (0.48)	0.01
Main cause of hospitalisation				
Cardiac heart failure	111 (31)	67 (44.7)	44 (21.4)	<0.001
Acute coronary syndrome	67 (19)	11 (7.3)	56 (26.6)	<0.001

Conclusion: Patients over 75 years of age accounted for 34% of patients admitted in our cardiology department and 42% of them had a history of atrial fibrillation.

AF patients had more frequently valvular disease, thyroid dysfunction, which are comorbidities associated with AF but also more strokes, dementia and hospitalization for heart failure which may be consequences of AF.

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Prevalence and significance of stroke among patients with paroxysmal supraventricular tachycardia

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The risk of atrial fibrillation (AF) in patients with paroxysmal supraventricular tachycardia (SVT) is well-known. AF is a cause of embolic event and a risk of stroke in patients with SVT can be expected. The purpose of the study was to assess the prevalence of unexplained stroke in patients presenting with SVT and to look for the risk factors.

Methods: Electrophysiological study (EPS) was performed in 1379 patients without anterograde conduction through accessory pathway (AP) for SVT. Clinical and electrophysiological data were collected.

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Results: Stroke was noted in 38 patients (group I) (prevalence 2.8%). 1341 patients had no stroke (group II). **1) Clinical data:** Group I was older than group II (62±13 vs 49±19 years) (p<0.0002). Associated heart disease (14/38, 37% vs 139/1341, 10%)(p<0.0001), AF history (4/38, 10.5%, 32/1341, 2%, p<0.002) were more frequent in group I than in group II. Male gender was similar in both groups**. 2) Electrophysiological data:** SVT mechanism was similar: AV re-entrant tachycardia in a concealed AP was noted in 4 group I patients (10.5%) and 247 group II patients (18%)(NS). Signs of atrial vulnerability were as frequent in both groups. **3) Follow-up** (mean 3±3 years): Adverse events (AE) occurred in 102 patients: 3 group II patients presented a stroke; AF occurred in 8 group I patients (21%), 62 group II patients (5%)(p<0.0001); 3 group I patients (8%), 26 group II patients (2%) died from cardiovascular death (p<0.01). SVT ablation was performed in 65 of 102 patients (64%) with AE (AF or death), 790 of 1277 patients without AE (62%)(NS). Age (p=0.001), prior AF (p=0.001) were the 2 independent risk factors of stroke at multivariate analysis stroke. Adjusted on age, heart disease was not significantly associated with stroke.

Conclusions: Unexplained stroke was a rare event in patients with paroxysmal SVT (2.8%). Old age, and AF history were the only independent significant factors associated with the history of stroke in these patients. They had a risk of severe adverse events during the follow-up as spontaneous AF (21%) or death (8%). SVT ablation did not reduce the risk of new stroke, spontaneous AF or death.

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Safety and effectiveness of catheter ablation of atrial fibrillation before 30 years of age

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Introduction: Catheter ablation has emerged as a realistic therapeutic option for symptomatic atrial fibrillation (AF). Young patients with AF are often more symptomatic and long-term taking medication is very demanding for their daily life. The aim of our study is to describe the safety and the long-term effectiveness of catheter ablation of AF in patients under 30 years of age.

Methods and results: Twenty five consecutive patients < 30 years old (mean age: 26±3; 16-29) with paroxysmal (13 pts, 52%) or persistent AF (12 pts, 48%, AF duration 40±24 months) underwent catheter ablation of symptomatic atrial fibrillation refractory to at least one antiarrythmic drug (AAD), in our center. Only 3 patients had structural heart disease (hypertrophic cardiomyopathy). Patients were hospitalized and monitored at 3, 6 and 12 months, every 6 months thereafter and at the end of the follow up. Mean radio frequency duration was 51±29 min (39±14 for PAF and 65±40 for PsAF) for total procedure time of 176±91 min (128±55 for PAF and 224±100 for PsAF) and a fluoroscopic time of 52±33 min (38±20 for PAF and 62±36 for PsAF). In all procedures, no major complication occurred. After a mean follow up of 54 months ± 29; 21/25 (84%) patients remained arrhythmia-free (92% for PAF and 76% for PsAF) after a mean of 1.6 procedure per patient. 19 of the 21 arrhythmia free patients were also AAD free. Only 3 patients of these 21 patients were treated with warfarin.

Conclusion: These finding suggest that catheter ablation of AF in patients under 30 years of age is safe, with good clinical long term outcome. Catheter ablation of AF can be first-line therapy in young people.

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Are QT intervals correlated to apnea-hypopnea index in obstructive sleep apnea?

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